

**SCHEDULE H**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
► **Attach to Form 990.**  
► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization **COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.** Employer identification number **20-2401676**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ..... <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ..... <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? .....	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public? .....	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			861,255.		861,255.	2.55%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			3270327.	1429983.	1840344.	5.45%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			3148031.	2251221.	896,810.	2.66%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			7279613.	3681204.	3598409.	10.66%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			83,007.		83,007.	.25%
<b>f</b> Health professions education (from Worksheet 5) .....			7,228.		7,228.	.02%
<b>g</b> Subsidized health services (from Worksheet 6) .....			4205882.	2473563.	1732319.	5.13%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			44,940.		44,940.	.13%
<b>j Total.</b> Other Benefits .....			4341057.	2473563.	1867494.	5.53%
<b>k Total.</b> Add lines 7d and 7j .....			11620670.	6154767.	5465903.	16.19%





**COMMUNITY HOSPITAL OF LAGRANGE COUNTY,  
INC.**

Schedule H (Form 990) 2021

20-2401676 Page 4

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group COMMUNITY HOSPITAL OF LAGRANGE COUNTY

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	<b>1</b>	<b>X</b>
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	<b>2</b>	<b>X</b>
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	<b>3</b>	<b>X</b>
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	<b>5</b>	<b>X</b>
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	<b>6a</b>	<b>X</b>
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	<b>6b</b>	<b>X</b>
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	<b>7</b>	<b>X</b>
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): .....		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	<b>8</b>	<b>X</b>
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	<b>10</b>	<b>X</b>
<b>a</b> If "Yes," (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	<b>12a</b>	<b>X</b>
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>	
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group COMMUNITY HOSPITAL OF LAGRANGE COUNTY

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b>	<b>X</b>
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b>	<b>X</b>
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b>	<b>X</b>
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b>	<b>X</b>
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group COMMUNITY HOSPITAL OF LAGRANGE COUNTY

	Yes	No	
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	<b>17</b>	<b>X</b>	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....	<b>19</b>		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>21</b>	<b>X</b>	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group COMMUNITY HOSPITAL OF LAGRANGE COUNTY**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

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**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY:

PART V, SECTION B, LINE 5: DESCRIBE HOW THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, AND IDENTIFY THE PERSONS THE HOSPITAL FACILITY CONSULTED:

WHEN CONDUCTING ITS 2019 CHNA, PARKVIEW HEALTH SYSTEM, INC., INCLUDING COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., AND THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IN-PHC) RESEARCH TEAM MADE SURE TO INVITE INPUT FROM PERSONS REPRESENTING THE BROADER INTERESTS OF THE COMMUNITY, WHILE ALSO FOCUSING ON THE NEEDS OF VULNERABLE POPULATIONS IN NORTHEAST INDIANA. AREA HEALTH DEPARTMENTS, MEDICAL PROFESSIONALS AND SOCIAL SERVICE AGENCIES THAT PROVIDE SERVICES DIRECTLY TO THE UNDERSERVED IN OUR COMMUNITIES WERE SURVEYED AND TOOK PART IN COMMUNITY HEALTH PLANNING SESSIONS.

AS PART OF THE RESEARCH PROCESS, PARKVIEW HEALTH SYSTEM, INC. AND ITS RESEARCH PARTNERS OBTAINED THE FOLLOWING: 1) PRIMARY DATA WAS COLLECTED VIA AN ONLINE SURVEY OF COMMUNITY HEALTHCARE AND SOCIAL SERVICE PROVIDERS (E.G., PHYSICIANS, NURSES, SOCIAL WORKERS, ETC.). ADDITIONALLY, THE HEALTH SYSTEM'S CHNA RESEARCH PARTNERS CONDUCTED A TELEPHONE SURVEY, WHICH INCLUDED COMMUNITY RESIDENTS FROM EACH COUNTY IN THE PARKVIEW HEALTH SERVICE REGION. 2) SECONDARY DATA WAS GATHERED FROM CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATABASE AND OTHER LOCAL AND NATIONAL AGENCIES. TO SUPPLEMENT THESE DATA, A FOCUS GROUP WAS CONDUCTED WITH HISPANIC COMMUNITY MEMBERS IN KOSCIUSKO COUNTY AND A PAPER SURVEY OF THE AMISH COMMUNITY WAS CONDUCTED IN LAGRANGE COUNTY.



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IN ADDITION TO DATA COLLECTION, PARKVIEW HEALTH SYSTEM, INC. TURNED TO THE COMMUNITY AND PARTNERING ORGANIZATIONS WHEN SELECTING AND PRIORITIZING LAGRANGE COUNTY'S HEALTH NEEDS. AS RECOMMENDED BY THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES, A MODIFIED HANLON METHOD WAS USED TO PRIORITIZE HEALTH CONCERNS FOR COMMUNITY HOSPITAL OF LAGRANGE COUTNY, INC. THIS METHOD, ALSO KNOWN AS THE BASIC PRIORITY RATING SYSTEM (BPRS) 2.0, IS RECOMMENDED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) FOR PRIORITIZING COMMUNITY HEALTH NEEDS (GUIDE-TO-PRIORITIZATION-TECHNIQUES.PDF, N.D.). ALTHOUGH COMPLEX TO IMPLEMENT, IT IS USEFUL WHEN THE DESIRED OUTCOME IS AN OBJECTIVELY SELECTED LIST. EXPLICIT IDENTIFICATION OF FACTORS MUST BE CONSIDERED TO SET PRIORITIES, THUS ENABLING A TRANSPARENT AND REPLICABLE PROCESS. PRIORITY SCORES ARE CALCULATED BASED ON THE SIZE OF THE HEALTH PROBLEM, SERIOUSNESS OF THE HEALTH PROBLEM AND THE AVAILABILITY OF EFFECTIVE HEALTH INTERVENTIONS.

FOLLOWING THE PRIMARY DATA COLLECTION THAT WAS CONDUCTED FOR THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, INPUT WAS GATHERED FROM THE COMMUNITY MEMBERS WHO SIT ON THE COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. BOARD OF DIRECTORS AT THEIR SEPTEMBER 2019 MEETING. BASED ON THIS REVIEW AND INPUT, THREE PRIORITIES WERE RECOMMENDED FOR ADDITIONAL EMPHASIS, WHICH ARE: 1) MENTAL HEALTH/SUBSTANCE USE DISORDER, 2) OBESITY, 3) MATERNAL/INFANT/CHILD HEALTH - WITH SPECIFIC FOCUS ON CHILD HEALTH.

THIS INFORMATION WAS THEN PRESENTED AT A COMMUNITY MEETING ON NOVEMBER 4, 2019, THAT WAS OPEN TO THE PUBLIC. REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS WERE PRESENT: YMCA, LAGRANGE COUNTY COMMUNITY FOUNDATION,

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BRIGHTPOINT, COMMUNITY HEALTH CLINIC, COMMUNITY DENTAL CLINIC, PLAIN  
CHURCH GROUP MINISTRY LLC, LAGRANGE COUNTY SHERIFF'S DEPARTMENT, PURDUE  
EXTENSION, TOPEKA PHARMACY, LAGRANGE COUNTY HEALTH COALITION, LAGRANGE  
COUNTY HEALTH DEPARTMENT, LAGRANGE COUNTY COMMISSIONER, LAGRANGE COUNTY  
ECONOMIC DEVELOPMENT AND TC ENERGY. AT THIS COMMUNITY MEETING, A SUMMARY  
PRESENTATION OF THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT WAS GIVEN, AND  
THE THREE PRIORITIES OUTLINED ABOVE WERE SHARED. THOSE PRESENT WERE ASKED  
TO CONSIDER BECOMING INVOLVED IN COLLABORATIVE GROUPS THAT WERE FORMED,  
ONE FOR EACH OF THE HEALTH PRIORITIES IDENTIFIED.

IN 2021, COLLABORATIVE GROUPS, INCLUDING THE COMMUNITY STAKEHOLDERS  
IDENTIFIED ABOVE, FOR EACH OF THE THREE HEALTH PRIORITIES MET REGULARLY TO  
REVIEW ADDITIONAL DATA SOURCES, DEVELOP AN IMPLEMENTATION STRATEGY, AND  
BEGIN TO DEVELOP TACTICS TO ROLL OUT AND MEASURE UNTIL THE NEXT COMMUNITY  
HEALTH NEEDS ASSESSMENT IS CONDUCTED IN 2022.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY:

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED  
WITH THE FOLLOWING HOSPITAL FACILITIES:

PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF NOBLE  
COUNTY, INC. (EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN  
35-1970706); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); PARKVIEW  
WABASH HOSPITAL, INC. (EIN 47-1753440) AND ORTHOPAEDIC HOSPITAL AT  
PARKVIEW NORTH, LLC (EIN 26-0143823).

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY:

PART V, SECTION B, LINE 6B: THE HOSPITAL FACILITY'S CHNA WAS ALSO

CONDUCTED WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES:

PARKVIEW HEALTH SYSTEM, INC.(EIN 35-1972384); INDIANA PARTNERSHIP FOR  
HEALTHY COMMUNITIES (A PARTNERSHIP BETWEEN THE INDIANA UNIVERSITY RICHARD  
M. FAIRBANKS SCHOOL OF PUBLIC HEALTH AND THE POLIS CENTER AT IUPUI) AND  
CONDUENT HEALTHY COMMUNITIES INSTITUTE.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY:

PART V, SECTION B, LINE 11: DESCRIBE HOW THE HOSPITAL FACILITY IS  
ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED  
CHNA AND ANY SUCH NEEDS THAT ARE NOT BEING ADDRESSED TOGETHER WITH THE  
REASONS WHY SUCH NEEDS ARE NOT BEING ADDRESSED:

SIGNIFICANT HEALTH NEEDS BEING ADDRESSED:

MENTAL HEALTH:

A COLLABORATIVE GROUP WAS FORMED IN 2019 TO BRING KEY STAKEHOLDERS FROM  
THE LAGRANGE COUNTY COMMUNITY TOGETHER TO ADDRESS MENTAL HEALTH/SUBSTANCE  
USE DISORDER. THIS WAS IDENTIFIED AS THE TOP NEED IN OUR REGION BASED ON  
RESULTS FROM THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, MEASURING THE  
PERCENT OF THE POPULATION WITH FREQUENT MENTAL DISTRESS. IN 2021, THE  
COLLABORATIVE GROUP MEETING FREQUENCY AND EFFORTS WERE IMPACTED BY  
COVID-19, HOWEVER, THE MENTAL HEALTH/SUBSTANCE USE COLLABORATIVE MADE  
PROGRESS IN THE FOLLOWING AREAS:

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-DISSEMINATED DRUG DISPOSAL BAGS TO INDIVIDUALS AND ORGANIZATIONS THROUGHOUT LAGRANGE COUNTY. THESE BAGS CAN SAFELY BE USED TO DEACTIVATE PILLS, LIQUID, OR PATCHES AND HELP TO REDUCE THE LIKELIHOOD OF PRESCRIPTION DRUG ABUSE. THESE BAGS WERE PLACED THROUGHOUT LAGRANGE COUNTY IN KEY LOCATIONS, SOME OF WHICH ARE: LAGRANGE COUNTY SHERIFF'S DEPARTMENT, LAGRANGE COUNTY SCHOOL SYSTEMS, AND LAGRANGE COUNTY AMBULANCE VEHICLES.

-PARTNERED WITH MCMILLEN HEALTH TO PROVIDE EDUCATION TO YOUTH IN LAGRANGE COUNTY SCHOOLS AROUND PEER PRESSURE, TEACHING REFUSAL SKILLS, EDUCATION ON OPIOIDS AND EFFECTS ON THE NERVOUS SYSTEM, THE BRAIN AND THE BODY.

-UTILIZED SHIP FUNDING TO HAVE THREE ADDITIONAL INDIVIDUALS TRAINED SO THEY CAN EXPAND THE TEAM THAT TEACHES QPR GATEKEEPER SUICIDE PREVENTION CURRICULUM.

WITH ASSISTANCE FROM PARKVIEW BEHAVIORAL HEALTH INSTITUTE, AN EVIDENCE-BASED SUICIDE PREVENTION STRATEGY KNOWN AS QUESTION, PERSUADE AND REFER (QPR) IS OFFERED AS A FREE TRAINING PROGRAM TO EQUIP PARTICIPANTS TO RECOGNIZE THE WARNING SIGNS OF SUICIDE AND HOW TO TAKE STEPS TO INTERVENE. SINCE BEING IMPLEMENTED IN 2017, OVER 1,040 PEOPLE HAVE RECEIVED THIS EDUCATION, WITH 106 PEOPLE BEING TRAINED IN 2021. THE GOAL OF THIS PROGRAM IS TO REDUCE THE NUMBER OF SUICIDE ATTEMPTS AND COMPLETIONS IN LAGRANGE COUNTY.

PARKVIEW BEHAVIORAL HEALTH IS INVOLVED IN THE LAGRANGE COUNTY COMMUNITY TO PROVIDE THERAPY AND RESOURCES FOR THOSE WITH IMMEDIATE MENTAL HEALTH

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NEEDS.

THE LIFEBRIDGE SENIOR INTENSIVE OUTPATIENT PROGRAM IS A SPECIALTY MENTAL/BEHAVIORAL PROGRAM DESIGNED TO MEET THE NEEDS OF OLDER ADULTS FOCUSING ON PROVIDING INTENSIVE INDIVIDUAL, FAMILY AND/OR GROUP SERVICES. SINCE ITS INCEPTION IN 2014 AT COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., THE PROGRAM HAS PROVIDED OVER 13,000 HOURS OF DIRECT COUNSELING SERVICES TO INDIVIDUALS IN LAGRANGE, STEUBEN AND NOBLE COUNTIES, WITH 2,251 HOURS BEING PROVIDED TO 49 PATIENTS IN 2021. IN ADDITION, EACH OF THE INDIVIDUALS ENROLLED IN THE LIFEBRIDGE PROGRAM ATTEND MONTHLY APPOINTMENTS WITH THE MEDICAL DIRECTOR/PSYCHIATRIST FOR MEDICATION MANAGEMENT AND TREATMENT PLANNING. AT EACH VISIT, INDIVIDUALS ARE SCREENED BY NURSING STAFF FOR VITALS, MEDICATION RECONCILIATION AND ANY MEDICAL CONCERNS ARE IMMEDIATELY COMMUNICATED TO THE INDIVIDUAL'S PRIMARY CARE PHYSICIAN. FAMILY AND SIGNIFICANT OTHERS ARE ENCOURAGED TO PARTICIPATE IN THE TREATMENT PROCESS. LIFEBRIDGE PROVIDES A COHESIVE TREATMENT TEAM TO INCREASE INDIVIDUAL'S MENTAL HEALTH AND PHYSICAL WELL-BEING.

OBESITY:

A COLLABORATIVE GROUP WAS FORMED IN 2019 TO BRING KEY STAKEHOLDERS FROM THE LAGRANGE COUNTY COMMUNITY TOGETHER TO ADDRESS OBESITY. THIS WAS IDENTIFIED AS A TOP NEED IN OUR COUNTY BASED ON RESULTS FROM THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT. THIS GROUP IS WORKING WITH COMMUNITY PARTNERS TO PROVIDE PUBLIC EDUCATION ON WHY IT IS IMPORTANT TO BE HEALTHY, WHY INDIVIDUALS SHOULD INCREASE ACTIVITY/FITNESS, AND INCREASING NUTRITION EDUCATION AND ACCESS TO HEALTHY FOODS. THE GOAL OF THIS COLLABORATIVE GROUP IS TO SEE A REDUCTION IN THE NUMBER OF OBESE AND OVERWEIGHT

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INDIVIDUALS IN THE COUNTY. IN 2021, THE COLLABORATIVE GROUP MEETING  
FREQUENCY AND EFFORTS WERE IMPACTED BY COVID-19, HOWEVER, THE OBESITY  
COLLABORATIVE MADE PROGRESS IN THE FOLLOWING AREAS:

-LAGRANGE COUNTY COMMUNITY MEMBERS WERE ENCOURAGED TO PARTICIPATE IN THE  
GREAT APPLE CRUNCH FOR THE MONTH OF OCTOBER 2021 BY TAKING PHOTOS OF  
THEMSELVES BITING INTO AN APPLE AND POSTING IT ON SOCIAL MEDIA. THE  
INTENT WAS TO RAISE AWARENESS TO THE BENEFITS OF MAKING HEALTHIER FOOD  
CHOICES. BECAUSE LAGRANGE COUNTY HAS A SIGNIFICANT PLAIN CHURCH/AMISH  
POPULATION, A CHALLENGE WAS PUT OUT TO AMISH SCHOOLS TO SUBMIT AN ORIGINAL  
RECIPE OR ESSAY ON THE APPLE. STUDENTS IN GRADES K - 8 SUBMITTED 46  
ENTRIES. THREE RANDOM WINNERS WERE SELECTED TO RECEIVE WELLNESS BUNDLES  
FOR THEIR SCHOOL CLASSROOM.

-THE HOSPITAL IMPLEMENTED A FOOD PHARMACY PROGRAM IN 2018 TO REDUCE THE  
NEGATIVE EFFECTS (HEALTH AND ECONOMIC) OF OBESITY, AND RELATED CHRONIC  
DISEASES, SUCH AS DIABETES, THROUGH EDUCATION AND HEALTHY EATING  
PRACTICES. PATIENTS MUST BE REFERRED BY THEIR DOCTOR, HAVE TYPE 2  
DIABETES, AND A BMI>30 TO PARTICIPATE. THIS FREE 6-MONTH PROGRAM BRINGS  
CLASS PARTICIPANTS TOGETHER MONTHLY TO LEARN HOW TO EAT AND SHOP  
HEALTHIER, COOK HEALTHIER, MANAGE MEDICATION, AND MORE. SINCE STARTING,  
PARTICIPANTS HAVE SEEN AN AVERAGE IMPROVEMENT IN A1C LEVELS OF 1.7, AND AN  
AVERAGE WEIGHT REDUCTION OF 5.2 LBS., AND IMPROVEMENTS IN CHOLESTEROL AND  
BLOOD PRESSURE MEASUREMENTS. IN 2021, CLASSES HAD TO BE SUSPENDED DUE TO  
COVID-19.

-THE HOSPITAL PARTNERS WITH THE COLE CENTER FAMILY YMCA TO INCREASE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PHYSICAL ACTIVITY BY OFFERING GROUP EXERCISE CLASSES IN LAGRANGE COUNTY.

THESE GROUP CLASSES ALSO OFFER A CLOSE-KNIT COMMUNITY TO PARTICIPANTS AS THEY DEVELOP FRIENDSHIPS THROUGH REGULAR ATTENDANCE, WHICH POSITIVELY IMPACTS THEIR MENTAL HEALTH AND WELL-BEING. IN 2021, CLASSES WERE SUSPENDED DUE TO COVID-19.

-PARTNERED WITH LAGRANGE COUNTY TRAILS TO EXPAND ACCESS TO THE CURRENT TRAIL SYSTEM THROUGHOUT LAGRANGE COUNTY.

-PARTNERED WITH MCMILLEN HEALTH TO PROVIDE EDUCATION TO YOUTH IN LAGRANGE COUNTY SCHOOLS ON THE FOLLOWING TOPICS: MEDIA INFLUENCE ON JUNK FOOD CONSUMPTION, HARMFUL EFFECTS OF FAD DIETS, ANOREXIA, BULIMIA, OBESITY, EDUCATION ON BASIC FOOD GUIDELINES, INCLUDING READING FOOD LABELS, UNDERSTANDING FITNESS FACTS, AND LEARNING ABOUT PREVENTATIVE HEALTH CHOICES.

PARTNERED WITH PARKVIEW WELL-BEING TEAM AND NORTHEAST INDIANA FARM-TO-SCHOOL TO PROVIDE HARVEST OF THE MONTH TASTE TESTS TO 4,289 STUDENTS THROUGH THE LAGRANGE COUNTY SCHOOLS. KIDS WERE INVITED TO TRY FRUITS AND VEGETABLES THEY WOULD NOT HAVE OTHERWISE, AND ALSO HAD EDUCATION ON THE PRODUCE TIED INTO THE TEACHER'S EDUCATION CURRICULUM.

THE HOSPITAL'S "MY WELL-BEING" COMMITTEE PROVIDES RESOURCES FOR CO-WORKERS TO ENABLE THEM TO BE GOOD EXAMPLES FOR THE REST OF THE COMMUNITY. WELL-BEING GO-BAGS WERE IMPLEMENTED IN EACH DEPARTMENT TO OFFER STAFF TOOLS AND EDUCATION FOR MENTAL HEALTH AND WELL-BEING, INCREASING ACTIVITY, AND MAKING BETTER NUTRITION CHOICES. OVER 219 STAFF WERE SURVEYED AND 97%

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

STATED THEY FOUND THE GO-BAG HELPFUL; 99% SAID THEY WOULD USE THE GO-BAG AGAIN.

**MATERNAL/INFANT/CHILD HEALTH:**

A COLLABORATIVE GROUP WAS FORMED IN 2019 TO BRING KEY STAKEHOLDERS FROM THE LAGRANGE COUNTY COMMUNITY TOGETHER TO ADDRESS MATERNAL/INFANT/CHILD HEALTH. BASED ON RESULTS FROM THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, CHILD HEALTH WAS IDENTIFIED AS A TOP NEED IN LAGRANGE COUNTY, EMPHASIZING CHILD ABUSE & NEGLECT AND CHILDCARE. THE GOAL OF THIS COLLABORATIVE GROUP IS TO SEE AN INCREASE IN THE NUMBER OF REFERRALS FOR PARENTAL SUPPORT, WHICH SHOULD RESULT IN A REDUCTION OF CASES OF CHILD ABUSE & NEGLECT, AND TO INCREASE THE NUMBER OF CERTIFIED CHILDCARE PROVIDERS IN LAGRANGE COUNTY. IN 2021, THE COLLABORATIVE GROUP MEETING FREQUENCY AND EFFORTS WERE IMPACTED BY COVID-19.

-PARTNERED WITH MCMILLEN HEALTH TO PROVIDE EDUCATION TO YOUTH IN LAGRANGE COUNTY SCHOOLS ON THE FOLLOWING TOPICS: SOCIAL AND EMOTIONAL SKILLS, BEING THE BOSS OF THEIR BODY, HOW TO IDENTIFY A TRUSTED ADULT, INAPPROPRIATE TOUCH, BULLYING, STAYING SAFE ONLINE, WARNING SIGNS OF SUICIDE, AND HOW TO IDENTIFY AN ABUSIVE RELATIONSHIP WHILE DATING.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. OFFERED PROGRAMS DESIGNED TO REDUCE RISKS AND INCREASE HEALTHY BEHAVIORS AMONG PREGNANT WOMEN VIA A LACTATION CONSULTANT / BIRTH PLANNER. CLASSES ARE OPEN TO THE PUBLIC REGARDLESS OF WHETHER OR NOT THEY DELIVER AT THIS HOSPITAL.

(SEE PART V, SECTION B, LINE 11 CONT'D: FOR CONTINUATION OF NARRATIVE)



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

COMMUNITY HOSPITAL OF LAGRANGE COUNTY

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

COMMUNITY HOSPITAL OF LAGRANGE COUNTY

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

PART V, SECTION B, LINE 3E:

THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE  
SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE  
CHNA.

PART V, SECTION B, LINE 11 CONT'D:

OTHER HEALTH NEEDS NOT BEING ADDRESSED:

-AGING - AGING AND IN-HOME SERVICES OF NORTHEAST INDIANA (AIHS) SERVES  
OLDER ADULTS, PERSONS WITH DISABILITIES AND THEIR CAREGIVERS IN NINE  
COUNTIES IN NORTHEAST INDIANA. THIS NOT-FOR-PROFIT, COMMUNITY-BASED  
ORGANIZATION IS A FEDERAL AND STATE DESIGNATED AREA AGENCY ON AGING AND

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AN AGING AND DISABILITY RESOURCE CENTER WHICH PROVIDES A STREAMLINED ACCESS TO INFORMATION, CARE OPTIONS, SHORT-TERM CASE MANAGEMENT AND BENEFITS ENROLLMENT ACROSS A SPECTRUM OF LONG-TERM CARE SERVICES. THROUGH THE CARE TRANSITIONS PROGRAM, AIHS PARTNERS WITH PARKVIEW HEALTH TO REDUCE MEDICARE READMISSIONS. IN ADDITION, THE AGENCY SERVES AS THE INITIAL COORDINATOR AND FISCAL AGENT FOR HONORING CHOICES INDIANA, WHICH IS AN INITIATIVE COMMITTED TO PROMOTING AND SUSTAINING ADVANCE CARE PLANNING (ACP) ACROSS THE STATE TO ENSURE INDIVIDUALS' FUTURE HEALTH CARE PREFERENCES ARE DISCUSSED, DOCUMENTED, AND HONORED. THROUGH HONORING CHOICES, PARKVIEW AND AIHS WORK TOGETHER TO TRAIN ACP FACILITATORS, PROMOTE BEST PRACTICE AND INCREASE PUBLIC AWARENESS ABOUT THE VALUE OF DISCUSSING HEALTH CARE DECISION MAKING IN ADVANCE OF MEDICAL CRISIS.

-CARDIOVASCULAR DISEASE & DIABETES - WHILE WE ARE NOT ADDRESSING THIS NEED SPECIFICALLY, WE WILL BE ADDRESSING OBESITY. MANY OF OUR OUTREACH INITIATIVES TO ADDRESS OR PREVENT OBESITY WILL IMPACT BOTH THESE AREAS IN THAT INTERVENTIONS ARE SIMILAR FOR THESE HEALTH ISSUES.

-TOBACCO USE - THE HOSPITAL IS A TOBACCO FREE CAMPUS AND OFFERS FREE CLASSES QUARTERLY TO COMMUNITY MEMBERS. THIS IS A SEVEN-WEEK, EIGHT-SESSION CLASS SERIES THAT PROVIDES SUPPORT AND EDUCATION TO HELP PEOPLE GET TOBACCO FREE. THESE CLASSES WERE OFFERED VIRTUALLY IN 2021 DUE TO THE COVID-19 PANDEMIC.



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

EQUITY IN A HOME OTHER THAN THE PATIENT OR GUARANTOR'S PRIMARY RESIDENCE.

PART I, LINE 6A:

THE RELATED ENTITIES OF PARKVIEW HEALTH SYSTEM, INC. (EIN 35-1972384);  
PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE  
COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.  
(EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706);  
WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); DEKALB MEMORIAL  
HOSPITAL, INC. (EIN 35-1064295; PARK CENTER, INC. (EIN 35-1135451); AND  
PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) PREPARED A COMBINED REPORT  
TO THE COMMUNITY DETAILING COMMUNITY BENEFIT PROGRAMS AND SERVICES.

PART I, LINE 7:

PART I, LINE 7A

THE FINANCIAL ASSISTANCE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE  
COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE FINANCIAL  
ASSISTANCE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES

**Part VI** Supplemental Information (Continuation)

TO DETERMINE THE COST OF SERVICES RENDERED.

## PART I, LINE 7B

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. ACCEPTS ALL MEDICAID, MEDICAID MANAGED CARE, AND OUT-OF-STATE MEDICAID PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICAID PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICAID, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED MEDICAID COST REPORTED ON LINE 7B IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE MEDICAID CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF MEDICAID SERVICES RENDERED. THEN, THE COST OF MEDICAID SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR MEDICAID PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

## PART I, LINE 7C

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. ACCEPTS ALL MEANS-TESTED PATIENTS FROM THE HEALTHY INDIANA PLAN (HIP) WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEANS-TESTED PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING HIP, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED HIP COST REPORTED ON LINE 7C IS CALCULATED UNDER THE COST TO

**Part VI** Supplemental Information (Continuation)

CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE HIP CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF HIP SERVICES RENDERED. THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR HIP PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

## PART I, LINE 7E

AMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE.

## PART I, LINE 7F

AMOUNTS PRESENTED ARE BASED UPON ACTUAL SPEND AND ARE IN CONFORMITY WITH AGREED UPON COMMITMENTS WITH THE VARIOUS EDUCATIONAL PROGRAMS.

## PART I, LINE 7G

AMOUNTS PRESENTED DO NOT INCLUDE ANY COSTS ASSOCIATED WITH PHYSICIAN CLINICS.

## PART I, LINE 7I

IN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. CONTINUES ITS TRADITION OF CONTRIBUTING TO NUMEROUS ORGANIZATIONS ON BOTH AN AS-NEEDED BASIS AND NEGOTIATED BASIS. AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO ORGANIZATIONS THROUGHOUT OUR COMMUNITIES.

## PART I, LN 7 COL(F):

PERCENT OF TOTAL EXPENSE

**Part VI** Supplemental Information (Continuation)

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. EXCLUDED \$3,759,427 OF PH  
CLINICAL SUPPORT EXPENSE.

## PART II, COMMUNITY BUILDING ACTIVITIES:

DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS  
REPORTED, PROMOTES THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. HAS A STRONG COMMITMENT TO  
SUPPORTING AND ENHANCING THE VITALITY OF OUR COMMUNITY, AND AS SUCH  
INVESTS IN PROJECTS THAT HELP TO IMPROVE THE HEALTH AND INSPIRE THE  
WELL-BEING OF THE COMMUNITY. COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.  
PARTNERS WITH THE LAGRANGE COUNTY ECONOMIC DEVELOPMENT CORPORATION (LCEDC)  
TO CONTINUE TO SUPPORT LAGRANGE COUNTY AS A TOP PLACE TO LIVE, WORK AND  
PLAY. A FEW EXAMPLES OF PARTNERSHIP WITH LCEDC INCLUDE WORKING WITH A  
NEWLY FOUNDED COALITION CALLED THE LAGRANGE COUNTY EARLY LEARNING  
COALITION TO INCREASE ACCESS TO QUALITY EARLY LEARNING /CHILDCARE PROGRAMS  
IN LAGRANGE COUNTY. COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. IS ALSO A  
FINANCIAL SPONSOR FOR EDC INFRASTRUCTURE, HOUSING DEVELOPMENT, AND QUALITY  
OF LIFE/GROWTH IN THE COUNTY.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. HAS ACTIVE REPRESENTATION BY  
LEADERSHIP ON THE BOARDS OF NEARLY 30 COMMUNITY NON-PROFIT AND CIVIC  
AGENCIES THROUGHOUT LAGRANGE COUNTY AND THE SURROUNDING AREA.

## PART III, LINE 2:

FOR FINANCIAL STATEMENT PURPOSES, THE ORGANIZATION HAS ADOPTED ACCOUNTING  
STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS  
INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT

**Part VI** Supplemental Information (Continuation)

REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION  
STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN  
EXPENSE.

PART III, LINE 4:

BAD DEBT EXPENSE - PARKVIEW HEALTH SYSTEM, INC. AND SUBSIDIARIES - NOTES  
TO THE CONSOLIDATED FINANCIAL STATEMENTS

TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT  
DESCRIBES BAD DEBT EXPENSE OR THE PAGE NUMBER ON WHICH THIS FOOTNOTE IS  
CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS:

PAGES 12 AND 23 - 26 OF ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8:

COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS

SUBSTANTIAL SHORTFALLS TYPICALLY ARISE FROM PAYMENTS THAT ARE LESS THAN  
THE COST TO PROVIDE THE CARE OR SERVICES AND DO NOT INCLUDE ANY AMOUNTS  
RELATING TO INEFFICIENT OR POOR MANAGEMENT. COMMUNITY HOSPITAL OF  
LAGRANGE COUNTY, INC. ACCEPTS ALL MEDICARE PATIENTS, AS REFLECTED ON THE  
YEAR-END MEDICARE COST REPORT, WITH THE KNOWLEDGE THAT THERE MAY BE  
SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES  
THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE  
RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR  
NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH  
GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN  
INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE  
COMMUNITY. HOWEVER, MEDICARE PAYMENTS REPRESENT A PROXY OF COST CALLED



**Part VI** Supplemental Information (Continuation)

THE "UPPER PAYMENT LIMIT." IT HAS HISTORICALLY BEEN ASSUMED THAT UPPER PAYMENT LIMIT PAYMENTS DO NOT GENERATE A SHORTFALL. AS A RESULT, COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. RECOGNIZES THAT THE SHORTFALL OR SURPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS. AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION.

## PART III, LINE 9B:

A PATIENT'S FAILURE TO MAKE PAYMENT ARRANGEMENTS THROUGH VARIOUS AVAILABLE PAYMENT OPTIONS OR FAILURE TO APPLY FOR AND RECEIVE APPROVAL UNDER THE FINANCIAL ASSISTANCE POLICY MAY RESULT IN THE ACCOUNT BEING REFERRED TO A COLLECTION AGENCY DUE TO NON-PAYMENT. THE COLLECTION AGENCY MAY REPORT THE ACCOUNT TO ONE OR ALL THREE CREDIT REPORTING AGENCIES, WHICH MAY ADVERSELY AFFECT THE PATIENT'S CREDIT SCORE.

A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE APPLICATION PERIOD, EVEN IF THE ACCOUNT HAS BEEN PLACED WITH A COLLECTION AGENCY. IF AN INDIVIDUAL SUBMITS A COMPLETE FINANCIAL ASSISTANCE APPLICATION DURING THE APPLICATION PERIOD, AND PARKVIEW HEALTH DETERMINES THE INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THEN PARKVIEW HEALTH WILL TAKE ALL REASONABLE AVAILABLE MEASURES TO REVERSE ANY EXTRAORDINARY COLLECTION ACTION (EXCEPT FOR A SALE OF DEBT) TAKEN AGAINST THE INDIVIDUAL TO OBTAIN PAYMENT FOR THE CARE. ALSO, IF AN INDIVIDUAL SUBMITS AN INCOMPLETE FINANCIAL ASSISTANCE APPLICATION DURING THE APPLICATION PERIOD,

**Part VI** Supplemental Information (Continuation)

PARKVIEW WILL SUSPEND ANY EXTRAORDINARY COLLECTION ACTIONS AGAINST THE INDIVIDUAL (WITH RESPECT TO CHARGES TO WHICH THE FINANCIAL ASSISTANCE APPLICATION UNDER REVIEW RELATES) UNTIL THE FINANCIAL ASSISTANCE APPLICATION HAS BEEN PROCESSED AND AN ELIGIBILITY DECISION RENDERED.

PART VI, LINE 2:

DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES, IN ADDITION TO ANY CHNAS REPORTED IN PART V, SECTION B.

IN ADDITION TO COMPLETING A COMMUNITY HEALTH NEEDS ASSESSMENT ON A TRIENNIAL BASIS, PARKVIEW HEALTH SYSTEM, INC., INCLUDING COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITY IT SERVES THROUGH PRIMARY AND SECONDARY DATA ANALYSIS, WORKING WITH THE ORGANIZATION'S COMMUNITY PARTNERS, AND ITS FRONTLINE STAFF. PARKVIEW HEALTH SYSTEM, INC. IDENTIFIES AND VERIFIES COMMUNITY HEALTH NEEDS THROUGH THE FOLLOWING:

1. HEALTHY COMMUNITIES INSTITUTE (HCI) SECONDARY DATA ANALYSIS

2. OBSERVATIONS AND DATA COLLECTED FROM FRONTLINE STAFF WORKING WITH VULNERABLE POPULATIONS (I.E., COMMUNITY NURSES AND COMMUNITY HEALTH WORKERS)

3. REVIEW OF COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY LOCAL ORGANIZATIONS (I.E., UNITED WAY, BRIGHTPOINT, ETC.)

4. PARKVIEW LEADERS SERVING ON HEALTH-RELATED AND SOCIAL SERVICE BOARDS OF

**Part VI** Supplemental Information (Continuation)

DIRECTORS IN THE COMMUNITY

5. OTHER PUBLIC HEALTH DATABASES (E.G. COMMUNITY COMMONS, COUNTY HEALTH RANKINGS)

KEY HOSPITAL REPRESENTATIVES MAINTAIN ON-GOING RELATIONSHIPS THROUGHOUT THE COMMUNITY AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION OF IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF THE COMMUNITY WE SERVE.

PART VI, LINE 3:

DESCRIBE HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

SIGNAGE AND BROCHURES ARE POSTED AND AVAILABLE AT ALL HOSPITAL POINTS OF REGISTRATION AND IN THE EMERGENCY DEPARTMENT. PATIENTS ARE OFFERED PLAIN LANGUAGE SUMMARIES OF THE FINANCIAL ASSISTANCE POLICY DURING THE REGISTRATION PROCESS AND IN EACH FOLLOW UP STATEMENT SENT TO THE PATIENT. PATIENT STATEMENTS WILL INDICATE HOW A PATIENT CAN OBTAIN FINANCIAL ASSISTANCE APPLICATIONS AND WHO THEY CAN CONTACT FOR ASSISTANCE.

PART VI, LINE 4:

DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., PRIMARILY SERVES THE LAGRANGE

**Part VI** Supplemental Information (Continuation)

COUNTY COMMUNITIES OF HOWE, LAGRANGE, SHIPSHEWANA, STROH, TOPEKA, AND WOLCOTTVILLE INDIANA. AS THE ONLY HOSPITAL IN THIS COUNTY, COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., ALSO SERVES, TO A LIMITED EXTENT, SURROUNDING COMMUNITIES IN THE EASTERN PORTION OF ELKHART COUNTY, INDIANA, THE WESTERN PORTION OF STEUBEN COUNTY, INDIANA, AND SOME OF THE SOUTHERN PORTIONS OF CASS, ST. JOSEPH, AND BRANCH COUNTIES IN MICHIGAN.

ACCORDING TO THE U.S. CENSUS BUREAU AND STATSAMERICA.ORG, AS OF JULY 21, 2021, POPULATION ESTIMATES SHOW LAGRANGE COUNTY HAS APPROXIMATELY 40,524 RESIDENTS. OF THOSE, 97.8% ARE WHITE, 4.4% ARE HISPANIC OR LATINO, AND .6% ARE BLACK OR AFRICAN AMERICAN. THE MEDIAN HOUSEHOLD INCOME IN 2020 DOLLARS WAS \$69,331. THE PERCENTAGE OF THE POPULATION LIVING IN POVERTY IS 8.8%. THE ANNUAL AVERAGE UNEMPLOYMENT RATE AS OF 2021 IS 2%. ACCORDING TO COUNTYHEALTHRANKINGS.ORG (2019), APPROXIMATELY 28% OF THE POPULATION IN LAGRANGE COUNTY ARE UNINSURED.

ACCORDING TO THE LAGRANGE COUNTY ECONOMIC DEVELOPMENT CORPORATION, PLAIN CHURCH RESIDENTS, INCLUDING MEMBERS OF THE AMISH COMMUNITY, MAKE UP APPROXIMATELY 44% OF THE TOTAL POPULATION OF LAGRANGE COUNTY. FOR THE MEMBERS OF THESE FAITH-BASED COMMUNITIES, TRAVEL IS BY HORSE AND BUGGY OR BICYCLE; COMMUNICATIONS ARE PRIMARILY FACE-TO-FACE OR THROUGH THE USE OF MULTI-FAMILY CENTRALIZED PARTY LINE TELEPHONE BOOTHS.

THE MAKE-UP OF EMPLOYMENT IS HEAVILY MANUFACTURING, FOLLOWED BY HEALTHCARE AND EDUCATION. ACCORDING TO IHA DIMENSIONS DATABASE INPATIENT (2021) % BY PAYER SHOWS MEDICAID IS 14.7% (119/809), AND SELF-PAY IS 2.3% (19/809); OUTPATIENT % BY PAYER SHOWS MEDICAID IS 17.2% (4,761/27,686), AND SELF-PAY IS 4.2% (1,163/27,686).

**Part VI** Supplemental Information (Continuation)

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), AN AGENCY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, DEVELOPS SHORTAGE DESIGNATION CRITERIA INTENDED TO IDENTIFY A GEOGRAPHIC AREA, POPULATION GROUP OR FACILITY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) OR A MEDICALLY UNDERSERVED AREA OR POPULATION (MUA/P).

HRSA HAS DESIGNATED THE FOLLOWING:

1) COUNTIES: DEKALB, LAGRANGE, NOBLE AND STEUBEN COUNTY

DISCIPLINE: MENTAL HEALTH

HPSA ID: 7186175063

HPSA NAME: NORTHEASTERN CATCHMENT AREA 18

DESIGNATION TYPE: GEOGRAPHIC HPSA

PART VI, LINE 5:

PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E.G. OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC.).

THE MAJORITY OF THE COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. TO BE STANDING BY WITH EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR. THE EMERGENCY DEPARTMENT IS STAFFED WITH BOARD-CERTIFIED PHYSICIANS AND A NURSING STAFF THAT IS TRAINED AND

**Part VI** Supplemental Information (Continuation)

CERTIFIED IN EMERGENCY CARE.

FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY AND COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. AND ITS AFFILIATES CONTINUE TO ADAPT TO MEET THE NEEDS OF THE COMMUNITY.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. GIVES BACK TO THE COMMUNITY IN THE FORM OF IMPROVED FACILITIES, EDUCATION AND OUTREACH PROGRAMS, FREE AND DISCOUNTED CARE, VOLUNTEERISM AND MUCH MORE. THE FOLLOWING ARE SOME OF THE WAYS COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. IS REACHING OUT TO MAKE OUR NEIGHBORHOODS AND COMMUNITIES HEALTHIER:

-EDUCATION: COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. IS TAKING THE LEAD IN PARTNERING WITH SCHOOLS FOR HEALTH OCCUPATION EDUCATION PROGRAMS, CAREER PATHWAYS PROGRAMS, PREVENTIVE EDUCATION, AND SCREENINGS FOR STUDENTS.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. PARTNERED WITH TOPEKA PHARMACY AND SUPERSHOT TO PROVIDE FREE FLU AND COVID-19 VACCINES AND BOOSTERS TO OVER 300 PEOPLE.

- MEDICATION ASSISTANCE PROGRAM (MAP): COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. MAINTAINS A MEDICATION ASSISTANCE PROGRAM FOR LAGRANGE COUNTY RESIDENTS. MAP PARTNERS WITH PATIENTS, PHYSICIANS, PHARMACEUTICAL COMPANIES, AND DONORS TO PROVIDE MEDICATION ASSISTANCE AT LITTLE OR NO COST FOR QUALIFIED INDIVIDUALS. FOR ACUTE MEDICATION NEEDS, MEDICATIONS ARE PROVIDED BY PARKVIEW PHARMACY AT NO COST TO THE PATIENT. LONG-TERM MEDICATION HELP IS PROVIDED THROUGH CONNECTING CLIENTS WITH PHARMACEUTICAL

**Part VI** Supplemental Information (Continuation)

ASSISTANCE PROGRAMS (PAP) AND COPAY ASSISTANCE PROGRAMS. OVER 290 PATIENTS WERE SERVED THROUGH THIS PROGRAM IN 2021.

-COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. TEAM MEMBERS SERVED OVER 200 HOURS ON PROJECTS AND ADVISORY BODIES FOR THE FOLLOWING: COMMUNITY IMPROVEMENT LEAGUE OF STROH, LAGRANGE COUNTY COUNCIL ON AGING, LAGRANGE COUNTY CORONER'S OFFICE, COUNCIL FOR A DRUG FREE LAGRANGE, HOWE VOLUNTEER FIRE DEPARTMENT, IMPACT - HEATH OCCUPATIONS EDUCATION ADVISORY COMMITTEE, LAGRANGE COUNTY COMMISSIONER, LAGRANGE COUNTY EARLY LEARNING COALITION, LAGRANGE COUNTY ECONOMIC DEVELOPMENT CORPORATION, LAGRANGE COUNTY HEALTH DEPARTMENT, LAGRANGE COUNTY HOUSING PROJECT, LAGRANGE COUNTY REGIONAL UTILITY DISTRICT, LAGRANGE/NOBLE JOINT DRAINAGE BOARD, AND REMC ADVISORY COMMITTEE.

THE COMMUNITY HEALTH IMPROVEMENT COMMITTEE (CHIC) OF COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. IS A PROGRAM THAT PROVIDES GRANT SUPPORT FOR COMMUNITY HEALTH INITIATIVES DELIVERED BY NOT-FOR-PROFIT COMMUNITY ORGANIZATIONS THAT SHARE THE HOSPITAL'S MISSION TO ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF LAGRANGE COUNTY AND PROVIDE SERVICES THAT ARE NOT AVAILABLE THROUGH THE HOSPITAL. FUNDS ARE AWARDED BASED ON THE TOP NEEDS THAT WERE IDENTIFIED FOR LAGRANGE COUNTY THROUGH THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT.

THE FOLLOWING CHIC INITIATIVES WERE SUPPORTED THROUGH HEALTH PARTNERS WHO ALIGN WITH THE TOP COMMUNITY HEALTH NEEDS IDENTIFIED FOR LAGRANGE COUNTY AND NORTHEAST INDIANA. FUNDED PROGRAMS PROVIDING SUPPORT TO LAGRANGE COUNTY PATIENTS IN 2021 INCLUDED:

**Part VI** Supplemental Information (Continuation)

-BRIGHTPOINT - SUPPORT WAS PROVIDED TO ASSIST WITH OBTAINING HEALTHCARE COVERAGE FOR CHILDREN AND THEIR FAMILIES.

-CANCER SERVICES OF NORTHEAST INDIANA - SUPPORT WAS PROVIDED TO ASSIST PATIENTS WITH HEALTHCARE SUPPLIES NOT COVERED BY INSURANCE, FOR EDUCATION RELATED TO WELLNESS AND HEALTHY LIFESTYLE PRACTICES.

-LAGRANGE COUNTY ECONOMIC DEVELOPMENT CORPORATION - SUPPORT WAS PROVIDED TO ASSIST WITH EFFORTS AROUND ACCESS TO HOUSING AND INCREASING CAPACITY FOR CERTIFIED EARLY LEARNING PROGRAMS AND CHILDCARE.

LAGRANGE COUNTY EARLY LEARNING COALITION - SUPPORT WAS PROVIDED TO HELP WITH PLACEMENT OF EARLY LEARNING/CHILDCARE CENTERS IN LAGRANGE COUNTY.

THE FARM PLACE - SUPPORT WAS PROVIDED TO HELP WITH OPERATIONS OF THEIR FAITH-BASED PROGRAM TO PROVIDE A SAFE, NURTURING, AND RESTORATIVE PLACE FOR CHILDREN IN NEED THROUGH ANIMAL COMPANIONSHIP AND OTHER THERAPEUTIC METHODS.

WOLCOTTVILLE POLICE DEPARTMENT - SUPPORT WAS PROVIDED TO ENSURE ENHANCED SAFETY WHEN OFFICERS ARE RESPONDING TO CRIME SCENES AND NEED PROPER MASK PROTECTION AND CLOTHING PROTECTION TO REDUCE THE RISK OF THEIR SAFETY.

LAGRANGE COUNTY TRAILS - SUPPORT WAS PROVIDED TO INCREASE THE WALKABILITY AND BICYCLING ACROSS OUR COUNTY IN ADDITION TO THE ENHANCED SAFETY IT PROVIDES AS MANY USE THE TRAIL SYSTEM TO COMMUTE TO WORK.

-MCMILLEN HEALTH - SUPPORT WAS PROVIDED TO BRING EDUCATION AND PROGRAMMING



**Part VI** Supplemental Information (Continuation)

ON MENTAL HEALTH/SUBSTANCE USE, OBESITY AND WELLNESS, AND CHILD ABUSE & NEGLECT TO STUDENTS AT THE THREE PUBLIC SCHOOL SYSTEMS IN LAGRANGE COUNTY.

-LAGRANGE COUNTY SHERIFF'S DEPARTMENT - AED'S WERE PLACED TO SUPPORT SAFETY EFFORTS.

-LAGRANGE COUNTY PARKS DEPARTMENT - AED'S WERE PLACED TO SUPPORT SAFETY EFFORTS.

PATIENT & FAMILY ADVISORY COUNCIL (PFAC): IN 2021, COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. CONTINUED ITS PARTNERSHIP WITH PATIENTS AND PATIENT FAMILY MEMBERS THROUGH THE HOSPITAL'S PFAC. THE PFAC MEMBERS PROVIDED FEEDBACK ABOUT PROCESSES AND COMMUNICATION OPPORTUNITIES THAT WOULD IMPROVE QUALITY AND THE PATIENT EXPERIENCE. AREAS IMPACTED BY THE PFAC'S INVOLVEMENT DURING 2021 WERE:

-PROVIDING INPUT AND FEEDBACK REGARDING THE HOSPITAL'S VISITOR RESTRICTION PROCESS AND COMMUNICATION AS A RESULT OF THE COVID-19 PANDEMIC.

-PROVIDING INPUT AND FEEDBACK ON HOW MANDATORY MASKING IS VIEWED FROM THE PLAIN CHURCH/AMISH PERSPECTIVE AND THE GENERAL POPULATION, AND HOW IT IMPACTS THE COMMUNICATION PROCESS BETWEEN CAREGIVERS, PATIENTS & FAMILY/SUPPORT MEMBERS.

PART VI, LINE 6:

IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED.

**Part VI** Supplemental Information (Continuation)

PARKVIEW HEALTH SYSTEM, INC. (PARKVIEW), A HEALTHCARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC.; COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.; COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.; DEKALB MEMORIAL HOSPITAL, INC.; HUNTINGTON MEMORIAL HOSPITAL, INC.; PARK CENTER, INC.; PARKVIEW WABASH HOSPITAL, INC.; WHITLEY MEMORIAL HOSPITAL, INC.; AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC.

EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH ACTIVITIES CUSTOMIZED TO MEET THE UNIQUE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES. AFFILIATE HOSPITALS ALSO WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED. FROM THE LIST OF HEALTH ISSUES IDENTIFIED IN NORTHEAST INDIANA AS PART OF THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, THE HEALTH PRIORITY OF SUBSTANCE USE DISORDER/MENTAL HEALTH PROMOTION WAS SELECTED BY ALL AFFILIATE HOSPITALS.

AFFILIATE HOSPITALS EACH HAVE A LOCAL BOARD OF DIRECTORS. PARKVIEW HEALTH SYSTEM, INC. ALSO ENGAGES WITH A BOARD OF DIRECTORS THAT CONSISTS OF REPRESENTATION FROM EACH OF THE AFFILIATE HOSPITAL BOARDS AND UP TO 15 AT-LARGE PHYSICIANS OR COMMUNITY LEADERS. MOST OF THE BOARD OF DIRECTORS SHALL ALWAYS BE INDEPENDENT AS DEFINED BY THE INTERNAL REVENUE SERVICE (IRS).

PARKVIEW CONTRIBUTES TO THE OVERALL SUCCESS OF THE REGION THROUGH SIGNIFICANT INVOLVEMENT IN THE COMMUNITIES WE SERVE. BY DEVELOPING VARIOUS PARTNERSHIPS AND ALIGNMENTS WITH DIFFERENT SECTORS AND ORGANIZATIONS,

**Part VI** Supplemental Information (Continuation)

PARKVIEW HELPS TO BENEFIT THE ECONOMY, QUALITY OF LIFE AND HEALTH/WELL-BEING ACROSS THE REGION. WITH A CONSISTENT FOCUS ON OUR MISSION AND VISION, WE WORK TO PROVIDE THE BEST CARE TO EVERY PERSON, EVERY DAY WITHIN OUR FACILITIES WHILE SERVING AS GOOD STEWARDS OF SURPLUS FUNDS TO POSITIVELY IMPACT COMMUNITY HEALTH STATUS.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:  
IN

PART VI, LINE 7 CONT'D:

A COPY OF FORM 990, SCHEDULE H IS FILED WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

PART V, SECTION B, LINE 19:

DISCLOSURE STATEMENT FOR CORRECTION SECTION 501(R) OMISSIONS, ERRORS AND OTHER FAILURES PURSUANT TO INTERNAL REVENUE SERVICE REVENUE PROCEDURE 2015-21.

IN JANUARY AND FEBRUARY 2021, THE ORGANIZATION'S INTERNAL AUDIT DEPARTMENT PERFORMED A COMPREHENSIVE REVIEW OF ALL APPLICABLE POLICIES AND PRACTICES UNDER SECTION 501(R) OF THE INTERNAL REVENUE CODE AND THE TREASURY REGULATIONS ISSUED THEREUNDER. THE AUDIT PERIOD WAS AUGUST 1, 2020, THROUGH DECEMBER 31, 2020. AS A RESULT OF THE AUDIT, MINOR POLICY CHANGES WERE MADE, AND MINOR PROCEDURAL CHANGES RELATED TO SECTION 501(R) COMPLIANCE WERE IMPLEMENTED.

ALSO, IT WAS DETERMINED THAT 66 PATIENT ACCOUNTS WERE PRESUMPTIVELY DETERMINED TO BE ELIGIBLE FOR LESS-THAN-100% FINANCIAL ASSISTANCE, WERE

**Part VI** Supplemental Information (Continuation)

NOT NOTIFIED REGARDING THE WAY TO APPLY FOR MORE GENEROUS ASSISTANCE  
UNDER THE FAP AND WERE INADVERTENTLY SUBJECT TO ADVERSE CREDIT  
REPORTING. THE ADVERSE CREDIT REPORTING, HOWEVER, WAS IMMEDIATELY  
REMOVED IN MAY 2021. IN ADDITION TO THE FINANCIAL ASSISTANCE  
NOTIFICATION ON ALL PATIENT STATEMENTS, THE HOSPITAL FACILITY  
INSTITUTED PROCEDURES TO PROVIDE WRITTEN NOTICE TO PATIENTS WHO RECEIVE  
PARTIAL PRESUMPTIVE FINANCIAL ASSISTANCE THAT INFORMS THE INDIVIDUAL  
REGARDING THE BASIS FOR THE PRESUMPTIVE FAP ELIGIBILITY DETERMINATION  
AND THE WAY TO APPLY FOR MORE GENEROUS ASSISTANCE DURING THE  
APPLICATION PERIOD.